



The Indiana Family and Social Services Administration

Behavioral and Primary Healthcare Coordination (BPHC)
1915(i) Home and Community Based Service (HCBS)





Introduction

June 1, 2014:

Indiana implements eligibility changes to the aged, blind, and disabled (ABD) Medicaid program



Key Outcomes:

1) Comprehensive coverage for more Hoosiers

- Maintain consistent eligibility
- Ensure consistent provider reimbursement

2) Simplified disability eligibility process

- Coordinated State and Federal disability determination

3) Efficient use of Hoosier taxpayer dollars

- Leverage federal programs
- Marketplace subsidies
- Medicare Savings Program match



209(b) and 1634: What Does It Mean?

- Federal government allows states options for determining Medicaid eligibility for the aged, blind & disabled population
- Indiana is currently a 209(b) State
- In 2013, the Indiana General Assembly passed legislation to transition the State to 1634 status (IC 12-15-2-3.5)

Policy Difference	Current Status: 209 (b)	Future Status: (1634)
SSI (Supplemental Security Income) Recipients & Medicaid Enrollment	<ul style="list-style-type: none">• No automatic enrollment• Separate application to Medicaid required	<ul style="list-style-type: none">• Automatic enrollment• No separate application
Spend Down Program	<ul style="list-style-type: none">• State is required to operate a spend down program.	<ul style="list-style-type: none">• State is <u>not</u> required to operate a spend down program



Eligibility Impact

- 76,010 members use the spend down provision
- Family and Social Services Administration assessed impact of eliminating spend down
 - As a 1634 state, Indiana is no longer required to operate the program
- Eligibility changes will be implemented to minimize loss of coverage & services



Eligibility Changes

- *Increase* full coverage income eligibility limit to 100% FPL
- *Expand* income eligibility for the Medicare Savings Program
- *Create* new 1915(i) Behavioral and Primary Healthcare Coordination (BPHC) program
 - Medicaid Rehabilitation Option (MRO) services for members with Serious Mental Illness (SMI)



BPHC 1915(i) Overview

- State option to provide home and community based services to individuals meeting needs-based and targeting criteria developed by the State
- Institutional level of care not required
- Must be provided statewide and with no waiting list
- The Affordable Care Act created new option
 - Provide 1915(i) to individuals not otherwise Medicaid eligible
 - Individuals in this optional eligibility group eligible for all Medicaid benefits, not only the 1915(i) service



Overview (Cont'd): BPHC

- It is intended that individuals who will qualify for Medicaid without this program would not need to apply, since they will be able to access Medicaid services without this program.
 - Individuals who are already Medicaid eligible will have continued access to services similar in nature to BPHC.
 - Service units for BPHC will be approved in conjunction with these other complimentary programs, and therefore, individuals would not receive additional service units or benefits by applying for BPHC.



Overview: BPHC

- BPHC Program is designed to assist individuals with Serious Mental Illness, who won't otherwise qualify for Medicaid or other 3rd party reimbursement for the level of intense services they need to function safely in the community.
- BPHC Program offers ONE service. The primary function of this program is to be the gateway for individuals meeting the eligibility criteria to access Medicaid benefits.
- This program is not designed to meet all of an individual's identified needs. It is anticipated eligible recipients will access a number of additional Medicaid services to meet their needs.



New Behavioral & Primary Healthcare Coordination Service

- Purpose of BPHC is to:
 - Provide supportive and intensive community based services to individuals with serious mental illness who demonstrate impairment in self-management of healthcare needs.
 - Assist individuals with a serious mental illness who have a co-existing health issue to coordinate and manage both their behavioral health and primary healthcare needs.



Service Definition

- The BPHC service consists of the provision of the following to assist in the coordination of healthcare services for the recipient:
 - Logistical support.
 - Advocacy and education to assist individuals in navigating the healthcare system.
 - Activities that help recipients:
 - Gain access to needed health services
 - Manage their health conditions, including, but not limited to:
 - Adhering to health regimens.
 - Scheduling and keeping medical appointments.
 - Obtaining and maintaining a primary medical provider.
 - Facilitating communication across medical providers.



Proposed BPHC Service Standards:

- Coordination of healthcare services
 - Direct assistance in gaining access to services
 - Coordination of care within & across systems
 - Oversight of the entire case
 - Linkage to services
- Assistance in utilizing the healthcare system
 - Logistical support
 - Advocacy
 - Education
- Referral & linkage to medical providers
- Coordination of services across systems
 - Physician consults
 - Communication conduit
 - Notification of changes in medication regimens & health status
 - Coaching for more effective communication with providers



Provider Qualifications

- BPHC provider agency staff must meet the following qualifications based on service activity provided.
 - BPHC needs assessment, individualized integrated care plan development and adjustments, referral and linkage activities and physician consults:
 - Licensed professional;
 - QBHP; or
 - OBHP.
 - All other BPHC activities including coordination across health systems, monitoring and follow-up activities and reevaluation of the recipients progress toward achieving care plan objectives:
 - Licensed professional;
 - QBHP;
 - OBHP;
 - DMHA/ISDH Certified Community Health Workers and/or Certified Recovery Specialist (CHW/CRS)

Proposed BPHC Eligibility Criteria

Targeting Criteria

- Age 19 +
 - Individuals under 19 eligible for CHIP so MRO access not impacted by 1634 conversion
- MRO eligible primary mental health diagnosis

Needs-Based Criteria

- Demonstrated need related to management of behavioral and physical health
- Demonstrated impairment in self-management of physical and behavioral health services
- ANSA LON 3+
- Demonstrated health need which requires assistance and support in coordinating behavioral health & physical health treatment



Financial/Non-Financial Eligibility

***DFR will determine non-clinical BPHC Eligibility**

- To be eligible for BPHC, an individual must have countable income below 300% of the Federal Poverty Level (FPL)
- \$2,918 per month
- There are certain income disregards that may be applied that lower countable income
 - If there are children or other qualifying dependents in the individual's household, an individual's income may be higher
 - A \$361 per qualifying individual deduction may be applied
- There is no asset limit



BPHC Notification to Providers and Consumers

- On January 22, 2014, FSSA's DMHA provided information and education to CMHCs regarding upcoming changes and requested their assistance
- On February 3, 2014, notifications were sent to consumers at risk of losing Medicaid and meeting the BPHC criteria advising them to contact their CMHC
- FSSA is requesting CMHCs reach out to consumers **as soon as possible** to:
 1. Provide education on possible options
 2. Begin review and completion of the application process for those consumers who may be eligible for BPHC



BPHC Implementation Timeline

January 23, 2014:

List of identified consumers sent by DMHA to CMHCs

June 1, 2014:

Target BPHC implementation

April 1, 2014:

Deadline for CMHCs to submit all BPHC applications to DMHA



Transition Timeline

January 30
Stakeholder
Meeting & 1634
Web Resource
Center launch

Late
February
1634
Initial
Member
Notice

Early
April
Issue
Provider
Bulletin
& FAQs

June 1:
Go Live

Early
February
1915 (i)
Member
Notice

Early
April
1634 2nd
Member
Notice

Mid-May
Final
Member
Notice

TECHNICAL IMPLEMENTATION & STAFF TRAINING

*All dates are estimated.



Summary of BPHC

- Program is to allow current MRO consumers to remain eligible for Medicaid and continue to receive community-based intensive mental healthcare not otherwise offered under other insurance coverage options.
- Providers encouraged to check www.indianamedicaid.com and DMHA website for more information on 1634 conversion and the impact to the consumers they serve.



Next Steps for CMHCs

- Consumer application and proposed BPHC IICP will be sent to DMHA **by April 1, 2014**. Web-based Application became available February 3, 2014.
- DMHA & OMPP conduct a weekly call with CMHCs to assist in implementation, answer questions and address concerns.



Questions???